

Vaccine loss (expired, nonviable, etc.) that qualifies for return to the distributor must be reported to the Immunization Program.

1. Remove nonviable vaccines from the storage unit and mark "Do Not Use." Reconcile WyIR inventory immediately.
2. Complete one (1) Vaccine Return Form **Monthly** (The form may be saved and added to throughout the month).
3. The Immunization Program will review and process forms on the last business day of the month. Approved Forms will be sent back to providers no later than the 15th of the month. *Example: Providers that submit forms by March 31st will receive the approved Form no later than April 15th*
 - If a **shipping label** is not received by the **Start of Business** on the first business day of the month please contact lisa.sara@wyo.gov

For assistance with this process, see [Quick Reference Guides: Vaccine Returns](#)

GRANTEE: Wyoming Department of Health

VACCINE RETURN ID:
Vaccine Program Use Only

Provider Information

Facility Name:	PIN: WYA	Date:
Person Reporting:	Phone:	Fax:
Is your mailing address different from your shipping address? NO YES , the mailing address is:		
Number of shipping labels needed:	Is the facility on a standard UPS route? YES NO	<i>*Shipping boxes should not exceed 3lbs each.</i>

VFC/WyVIP vaccines that qualify for return **ALL FIELDS MUST BE COMPLETED FOR EACH VACCINE!**

Brand Name	Manufacturer	Lot Number	NDC Number	Expiration Date	Number of Doses	Reason for Return	Comment	<i>Program Use Only</i>

***Proceed to page 2 to report additional vaccines**

Vaccine Program Use Only

Total Doses:	Total Value:	Reviewed:	Approved	Date Processed:
Notes:				

A COPY OF THE APPROVED VACCINE RETURN FORM, MUST BE INCLUDED IN EACH BOX BEING SHIPPED!

